

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - Joshua M. Sharfstein, M.D., Secretary

Office of Preparedness & Response

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August 5, 2011

Public Health & Emergency Preparedness Bulletin: # 2011:30 Reporting for the week ending 07/30/11 (MMWR Week #30)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

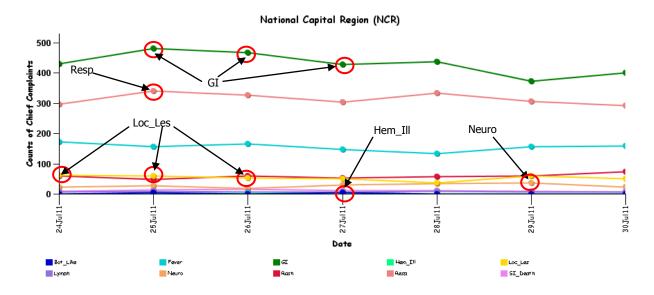
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

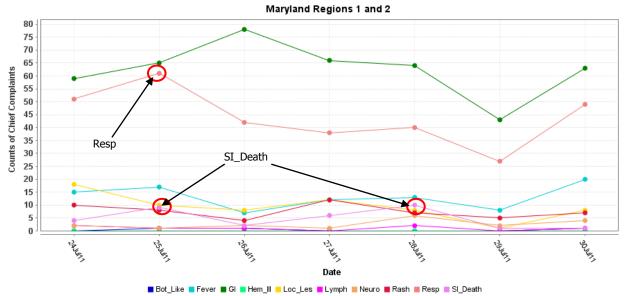
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

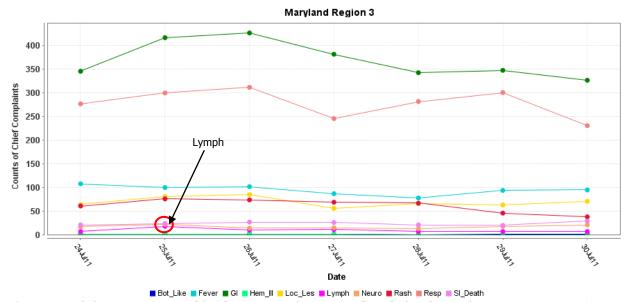


^{*}Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

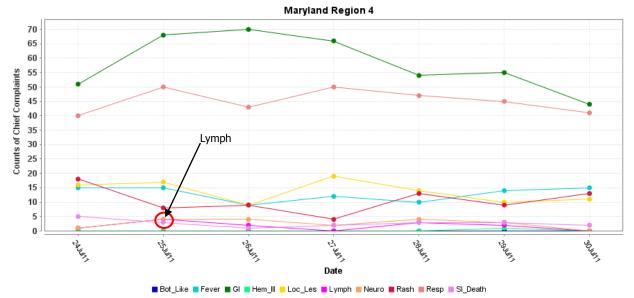
MARYLAND ESSENCE:



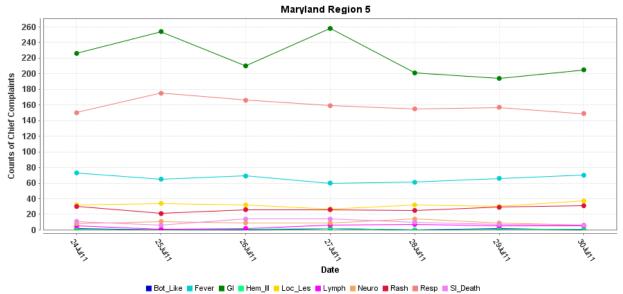
^{*} Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



^{*} Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



^{*} Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

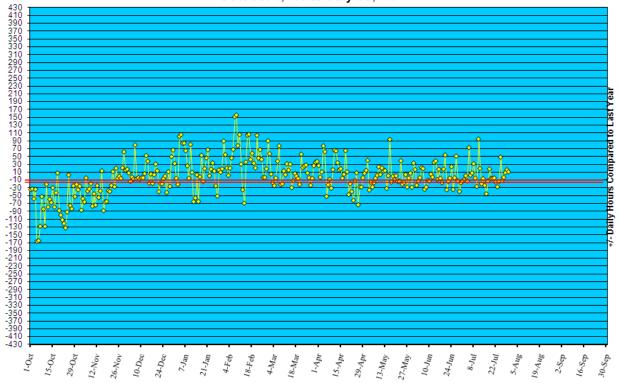


^{*} Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '10 to July 30, '11



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (July 24 – July 30, 2011):	7	Ō
Prior week (July 17 – July 23, 2011):	8	0
Week#30, 2010 (July 25 – July 31, 2010):	9	0

0 outbreaks were reported to DHMH during MMWR week 30 (July 24 - 30, 2011).

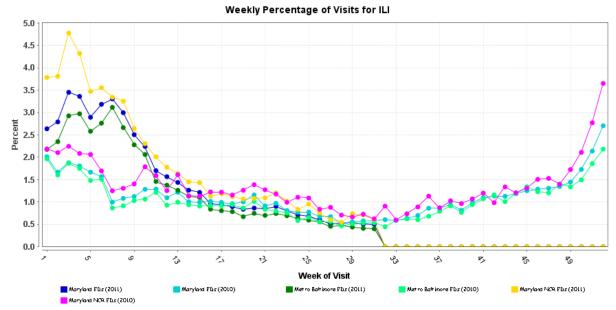
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

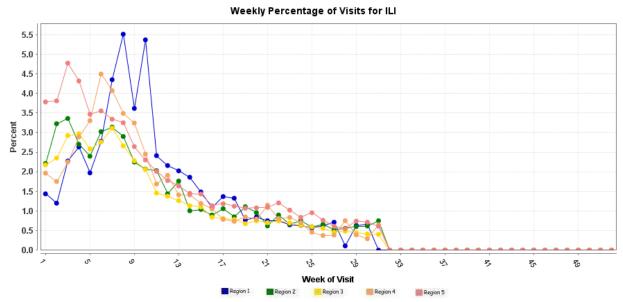
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



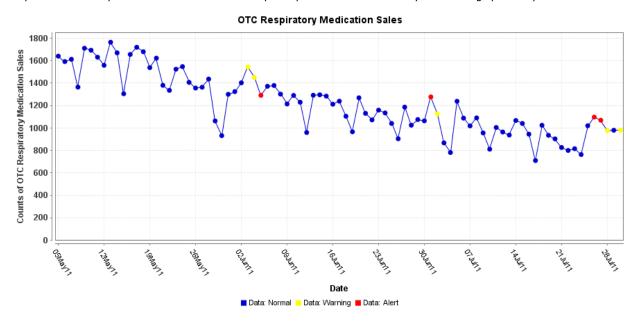
^{*} Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

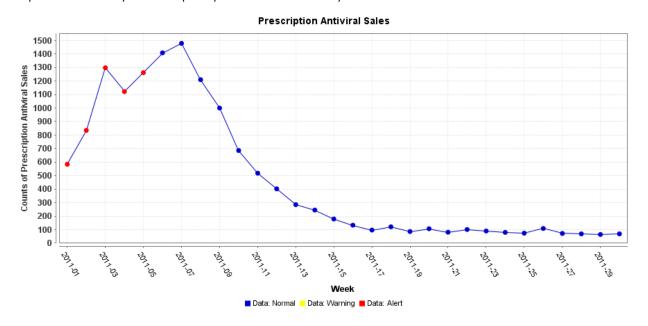
OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of June 22, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 562, of which 329 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA, HUMAN (CAMBODIA): 29 July 2011, A 4-year-old Cambodian girl has become the 7th person to die from bird flu in the country this year [2011], officials said on Friday [29 Jul 2011]. The child, from north-western Banteay Meanchey province died on 20 Jul 2011, the Health Ministry and the World Health Organization (WHO) said in a joint statement. Tests confirmed she had contracted H5N1 avian influenza. "I urge parents and guardians to keep children away from sick or dead poultry," Cambodian health minister Mam Bun Heng said. All 7 of Cambodia's bird flu cases since January [2011] have been fatal. 6 of the victims were children. The girl is the 17th person in Cambodia known to have become infected with the virus and the 15th to die from complications of the disease since 2005, they said. The H5N1 strain of avian influenza has killed 330 people worldwide since 2003, the statement said.

NATIONAL DISEASE REPORTS

SALMONELLOSIS, SEROTYPE HEIDELBERG (USA): 30 July 2011, The USA Department of Agriculture's (USDA) Food Safety and Inspection Service (FSIS) is issuing a public health alert due to concerns about illnesses caused by Salmonella [enterica serotype] Heidelberg that may be associated with use and consumption of ground turkey. This public health alert was initiated after continuous medical reports, ongoing investigations and testing conducted by various departments of health across the nation determined there is an association between consumption of ground turkey products and an estimated 77 illnesses reported in 26 states. The illnesses were linked through an epidemiologic investigation and PFGE analyses by state health departments and The Centers for Disease Control and Prevention (CDC). The CDC is partnering with state health departments to monitor the outbreak while the FSIS focuses its investigation on potential identification of a contamination source(s). The FSIS reminds consumers of the critical importance of following package cooking instructions for frozen or fresh ground turkey products and general food safety guidelines when handling and preparing any raw meat or poultry. In particular, while cooking instructions may give a specific number of minutes of cooking for each side of the patty in order to attain 165 degrees F internal temperature, consumers should be aware that actual time may vary depending on the cooking method (broiling, frying, or grilling) and the temperature of the product (chilled versus frozen) so it is important that the final temperature of 165 degrees F must be reached for safety. Please do not rely on the cooking time for each side of the patty, but use a food thermometer. Ground turkey and ground turkey dishes should always be cooked to 165 degrees F internal temperature as measured with a food thermometer; leftovers also should be reheated to 165 degrees F. The color of cooked poultry is not always a sure sign of its safety. Only by using a food thermometer can one accurately determine that poultry has reached a safe minimum internal temperature throughout the product. Turkey can remain pink even after cooking to a safe minimum internal temperature of 165 degrees F. The meat of smoked turkey is always pink. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, SEROTYPE AGONA (USA): 25 July 2011, Agromod Produce, Inc. of McAllen, Texas is recalling all papayas, because they have the potential to be contaminated with salmonellae, an organism which can cause serious and sometimes fatal infections in young children, frail, or elderly people, and others with weakened immune systems. Healthy persons infected with salmonellosis often experience fever, diarrhea (which may be bloody), nausea, vomiting, and abdominal pain. In rare circumstances, infection with salmonellae can result in the organism getting into the bloodstream and producing more severe illnesses such as arterial infections (that is, infected aneurysms), endocarditis, and arthritis. Fresh, Whole Papayas were distributed nationwide and to Canada through retail stores and wholesalers. Agromod is recalling all Blondie, Yaya, Mananita, and Tastylicious Brand papayas sold prior to 23 Jul 2011. Each Blondie Brand papaya can be identified by a blue and orange sticker label with green and white lettering on the fruit that states Blondie 4395 Mexico. The Yaya Brand Papayas can be identified by a yellow, red, orange, and green label with white, green, and red lettering that reads Yaya Premium Papayas Yaya PLU-4395 Mexico. Each Mananita Brand Papaya can be identified by a green, yellow, and red sticker label that states Mexico Mananita 4395. The Tastylicious Brand Papayas can be identified by a white and blue sticker with red and white lettering that states 4395 Tastylicious Mexico. The papayas were imported from Mexico and are possibly linked to 97 reported cases of Salmonella [enterica serotype] Agona, including 10 hospitalizations, in 23 states throughout the USA. Recent sampling by the FDA found the outbreak strain in 2 papaya samples collected at Agromod Produce, Inc. location in McAllen, TX and at the USA border destined for Agromod Produce, Inc. The shipments that tested positive with the outbreak strain were not distributed in the USA. Distribution of the product has been suspended while FDA and the company continue their investigation as to the source of the problem. This recall is being made with the knowledge of the US FDA. Consumers who have purchased the Blondie, Yaya, Mananita, and Tastylicious Brand papayas are urged to return it to the place of purchase. Consumers with questions may contact the company at (800) 385-7658, Monday-Friday 10:00 am-5:30 pm CST. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect

BOTULISM (TAIWAN): 25 July 2011, A senior prosecutor in [Nantou County] said Thu 21 Jul 2011, 4 of the 5 people who died suddenly between 6 and 8 Jul 2011 in the county may have been killed by botulism toxin. In the initial forensics tests, traces of botulism toxin were found in 4 of the bodies, but it was not certain whether the toxins were from eating homemade vegetable preserves, said Chu Kun-mao, chief of the Nantou District Prosecutors Office. It will require further microbiology tests by Department of Health agencies to confirm the results, he said. The Institute of Forensic Medicine will deliver the final report on the causes of death after the results of the microbiology tests become available 26 Jul 2011, the prosecutor said. On 6 Jul 2011, 4 residents of Hsinyi Township in Nantou died suddenly. It was found that the people, a vegetable farmer, his wife, and their 2 helpers, had shared a meal earlier in the day. 2 days later, another Hsinyi resident died suddenly from what was initially thought to be food poisoning, but that was later ruled out. Amid fears of an epidemic in the township, the Centers for Disease Control (CDC) reported that the latest victim had died of septicemia caused by inflammation of the pancreas and cellulitis, according to prosecutors. The families of people at first suspected murder, but have since accepted the findings of the experts, prosecutors said. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

SALMONELLOSIS (SPAIN): 29 July 2011, The British Egg Industry Council (BEIC) is advising food manufacturers and caterers to stick to British eggs bearing the Lion mark, after a new salmonellosis scare linked to Spanish eggs. The Health Protection Agency (HPA) has linked outbreaks of salmonella in northwest England and the West Midlands to contaminated Spanish eggs. Almost 140 people have been affected. The bug, Salmonella [enterica serotype] Enteritidis PT [phage type] 14b, involves eggs from a single supplier in Spain, the HPA believes, which were mainly supplied to catering establishments. The agency has been in touch with the Spanish authorities, which are now said to be heat-treating eggs to kill any salmonella that could be present. Investigations in the UK are continuing but all supplies linked to the Spanish producer have been taken out of circulation. The BEIC told FoodManufacture.co.uk that the risk to food manufacturers is smaller, due to pasteurization of eggs during the processing of products such as mayonnaise. However, the council warned that eggs carrying salmonellae could cause cross-contamination problems in food factories. Highlighting previous issues with Spanish eggs, the council said in a statement: "The outbreak follows a fatal outbreak of salmonella food poisoning in 2002, which was also linked to Spanish eggs. "In 2004, Spanish eggs were linked to a food poisoning outbreak at a cafe in central London, with 1/3 of the Spanish eggs used by the café testing positive for salmonella. "An outbreak in a restaurant in Kent in 2005 was also linked to Spanish eggs after owners purchased a batch of Spanish eggs from an unapproved supplier." The BEIC also cited the 2009 salmonella outbreak in England, which involved S. Enteritidis PT14b, which has not been found in egg-laying flocks in the UK. The British Lion code of practice includes vaccination of hens against salmonella. BEIC chairman Andrew Parker said: "It is unbelievable that British consumers are still being put at risk by imported eggs. There are plenty of high quality British eggs available, yet UK caterers think that it's OK to risk their customers' health by buying cheap, infected, imported eggs." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect

JAPANESE ENCEPHALITIS AND OTHER (INDIA): 27 July 2011, In Kamrup (metro), 23 individuals have been diagnosed with acute encephalitis syndrome (AES), and only 3 patients had tested positive for Japanese encephalitis. The number of patients diagnosed with AES and Japanese encephalitis in the Kamrup district stands at 15 and 9, respectively. The sources said the majority of the cases pertained to AES and only a few among them had tested positive for Japanese encephalitis. "As soon as suspected cases of AES come to light, blood samples of the patients are collected and sent for testing at the GMCH laboratory to ascertain whether they are actually affected by the Japanese encephalitis virus. However, doctors start symptomatic treatment as soon as a suspected case is brought in," the joint director of Kamrup (metro) health services, A. Bhuyan, said. In the GMCH alone, over 30 individuals suffering from AES and Japanese encephalitis are undergoing treatment. While the conditions of patients with AES are said to be out of danger, the condition of a few patients suffering from Japanese encephalitis continues to be critical. A few individuals are also admitted to other private nursing homes in the city. "There is no specific medicine for Japanese encephalitis, and patients are administered only symptomatic treatment. While some patients suffering from AES and Japanese encephalitis have recovered following treatment, a few with Japanese encephalitis continue to be critical and have not shown much sign of improvement. We are constantly monitoring them," a senior doctor at GMCH said. The Japanese encephalitis virus is found in wild birds and pigs and is transmitted to humans through the bite of Culex mosquitoes. The symptoms usually occur in the form of prolonged high fever, severe headache, nausea and constriction in muscle movement. (Viral Encephalitis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CHOLERA (HAITI): 26 July 2011, Haitian healthcare officials say they're getting more than 1000 new cases of cholera daily with the return of the rainy season. Nearly 6,000 people have died since the cholera outbreak began in October 2010, although many healthcare providers believe the number to be higher, the Los Angeles Times reported. "We are still in an epidemic," said Jocelyne Pierre Louis, spokeswoman for Haiti's Ministry of Public Health. Poor sanitation is the root problem in the spread of the disease, which is transmitted through contaminated water, in a country with no central sewage or potable water systems, the Times said. "If we want to make cholera disappear, it will be with water and sanitation," said Romain Gitenet, head of the Haiti mission for France-based Doctors Without Borders, which has opened cholera treatment centers across the country. The sanitation issue got worse as a result of the 12 Jan 2010, earthquake that left tens of thousands of Haitians homeless, the report said. "The problem of sanitation can't be dealt with between today and tomorrow," Louis said. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CHOLERA (DOMINICAN REPUBLIC): 26 July 2011, The Dominican Republic's death toll in the cholera epidemic that spread from Haiti has risen to 87 out of more than 13 000 suspected cases, authorities said on Fri 22 Jul 2011. The country shares the island of Hispaniola with Haiti, where the epidemic began. The Dominican health ministry reported that the death toll had risen by 16 since 8 Jul 2011 to 87. According to the ministry, there have been 773 new cases in the past week, for a total of 13 200 since the beginning of the epidemic, which spread to the Dominican Republic from Haiti in November 2010. Latin American countries

have been far more careful since 1991, when an outbreak of the disease occurred in Peru and then moved into several countries across the region, Bolivia, Brazil, Colombia, Ecuador, Guatemala, El Salvador, and Mexico, causing some 10 000 deaths, according to the WHO. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

GASTROENTERITIS (FRANCE): 25 July 2011, An outbreak of gastroenteritis hit 52 children and 2 supervisors of a holiday resort in the Haute-Savoie region, with a total of 125 people affected, said the Prefecture and the Departmental Directorate of Social Cohesion on Thu 21 Jul 2011. "11 children have been hospitalized, but their condition is not a cause for concern," said the prefecture in a statement, adding that symptoms were mainly gastrointestinal: abdominal pain, vomiting, nausea and diarrhea. Cases have occurred "in 2 waves" located in the centre of St. Jeoire-en-Faucigny, with 39 cases occurring between Saturday and Monday [16-18 Jul 2011], and 15 new cases since Wednesday [20 Jul 2011]. The situation did not require the closure of the centre, where 110 children 6 to 15 years of age will complete, in late July 2011, a stay of one month under the care of 15 supervisors. The virus apparently spread very rapidly because the children were confined indoors due to bad weather. Hygiene measures were reinforced in the establishment, where analyses are underway to identify the origin of the episode. "The results of the epidemiological investigation tend to rule out food contamination and favor person-to-person spread of a virus, said the prefecture. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

TRICHINELLOSIS (LATVIA): 24 July 2011, Pork sales have been banned in the central market of the city after laboratory tests have shown contamination with trichinella. The representative of the city's veterinary services has reported identification of the point of sale of the contaminated pork did not identify the real source of trichinellosis, since the supply line was too complicated to track. While veterinarians are trying to track the source of trichinella-contaminated pork, a 6th patient has been admitted to the hospital with trichinellosis. The patients could not recall where they purchased the possibly contaminated pork. According to local veterinarians, the epidemiological features of the trichinellosis cases indicate that the pork contamination is most likely incidental and not widespread. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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